

## HIV/AIDS Prevention and Intervention Section Proof of Attendance Form for Non-HAPIS Update Events

*This document is to be completed by event host/staff and submitted by the person earning the credit.*

To Whom It May Concern:

This document is being presented to you for completion by a HIV test counselor certified by the Michigan Department of Community Health, Division of Health, Wellness and Disease Control, HIV/AIDS Prevention and Intervention Section. Part of the requirement to maintain certification, counselors must receive 6 hours of HIV-specific or HIV-related update activity every two years.

This form serves as verification that update activity took place and will be used towards maintaining the counselor certification status of the person presenting it to you. An agenda must accompany this form. Full participation is required to receive credit for hours listed on the agenda, excluding lunch and breaks. Please take a moment to provide the information below and return it to them.

Please direct any questions about this process to Christina Bolden at (517) 241-5929 or [boldenc@michigan.gov](mailto:boldenc@michigan.gov).

Your assistance is greatly appreciated.

\_\_\_\_\_  
Date: \_\_\_\_\_

This certifies that \_\_\_\_\_ has attended  
the \_\_\_\_\_ training/workshop/seminar  
on \_\_\_\_\_ (date).

Topic: \_\_\_\_\_

Contact Hours: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Event Coordinator Contact Phone #: \_\_\_\_\_

\_\_\_\_\_  
Event Coordinator/Staff Print Name

\_\_\_\_\_  
Event Coordinator/Staff Signature

(over)

\* The "HIV Update Documentation" form may be found on the MDCH web site at:

<http://michigan.gov/hivstd>

**Note to HIV Test Counselors:**

In addition to this form, complete documentation must also include:

- the *"HIV Update Documentation"* form\*;
- registration confirmation, which includes participant name and date of event (payment receipts not acceptable);
- an agenda of the event or a conference booklet containing an event agenda; and
- a copy of any certificates obtained as a result of the update activity.

Please note that lunch and breaks will not be counted towards total update hours. Update activity must be completed by the last day of the month in which certification is due to expire. All documentation must be faxed or mailed no later than 30 days after certification expires to: Christina Bolden, MDCH/HAPIS, 109 W. Michigan Ave., 10<sup>th</sup> Floor, Lansing, MI 48913, (517) 241-5929.

Print Counselor Name: \_\_\_\_\_

Print Counselor Agency: \_\_\_\_\_

Original Certification Date: \_\_\_\_\_

Print Counselor ID number: \_\_\_\_\_

\* The *"HIV Update Documentation"* form may be found on the MDCH web site at: